



Minutes

Community First Choice (CFC) Council Meeting

Monday, July 1, 2013

1:00 – 3:00 pm

Department of Human Services

Conference Room 4A&B

1575 Sherman Street

Denver, CO 80203

Greetings (Martha Beavers)

Introductions

In Attendance:

Co-Chairs: Josh Winkler (CCDC), Martha Beavers, (HCPF)

Other Attendees: Marijo Rymer (Arc of Colorado), Ed Milewski (CPWD), Dawn Russell, Ed Kako (Mission Analytics), Kira Gunther (Mission Analytics), Tyler Deines (DHS-DDD), Lori Thompson (DHS-DDD), Susan Johnson (DDRC), Candie Dalton (HCPF), David Bolin (Accent on Independence), Emily Blanford (DHS-DD), Michele Craig (DHS-DDD), Roberta Aceves (DHS-DDD), Laurie Stevens (HCPF), Gary Montrose, John Barry (HCPF), Anaya Robinson (Atlantis)

Phone Attendees: Bret Pittenger (HCPF), Keith Percy (Boulder), Joanna, Jennifer Shook (Legal Center for People with Disabilities, Heather Jones (Mesa County), Diana Delgado, Chris Collins (Alliance), Carol Meredith (Arc of Arapahoe-Douglas), Jill Pidcock (Parent), Mason Smith (Mission Analytics)

Open Questions/Concerns: none

April meeting notes: Martha Beavers asked if there were any changes to the May meeting notes. No changes were requested. Martha reported that there has been increased interest in the committee, and minutes will be posted soon.

CMS Update (Martha Beavers)

Martha Beavers has been conducting a call every month with CMS to discuss ongoing questions. Martha has not received any new updates. CMS is looking into the Nurse Practice Act. There will be another call with CMS on July 22nd. CMS has experienced changes in staffing. Mandy Strom is now the local contact at CMS. There are still some outstanding questions, but no major updates.

Feasibility Analysis Discussion (Mission)

Kira Gunther from Mission Analytics reviewed the themes from the focus groups. The group questioned the outreach efforts. Mission will extend feedback until July 15th to allow more feedback from stakeholders. The group was in general agreement about themes that were presented, but expressed interest in more outreach efforts to increase the sample size.

Edward Kako presented Mission Analytics' cost analysis estimates. He began by explaining that we all recognize that these are services affecting individuals, but we still need to make the argument of cost to the legislature. Ed presented a PowerPoint presentation as an overview of how Mission created the model. Martha will distribute the presentation to the committee after the meeting. Marijo Rymer pointed out that some individuals may remain on waivers or on waiver waitlists. Ed described how the model allows a lot of flexibility to look at different options. Mission is looking at services based on HCPF cost data, meaning these are service delivery options. The model is using Fiscal Year 11/12, so we do not have data for Spinal Cord Injury (SCI).

The group asked whether Mission will look at different scenarios. Ed explained that Mission would conduct a sensitivity analysis; this is a term used to explain showing different scenarios.

Ed showed the Excel spreadsheet that is the cost projection model. On the left, the spreadsheet shows services and the ability to select services as "yes" or "no" for moving to CFC. As you choose the services on the left, the graphs on the right adjust to reflect the cost to the state and the cost to the Federal government. To demonstrate, Ed turned on a few select services to show the state cost in millions. One member suggested Mission look at the effect on the model if a client moved to CDASS and no longer needed current services. Another member suggested that if we can re-define personal care and address the nurse practice act that could affect the costs. Bret Pittenger explained that there could be cost savings.

Marijo Rymer requested that we look at costs of Behavioral Supports and Respite. The model showed: Behavioral Supports: \$18.9 million alone, and Respite: \$5.1 million alone.

Carol Meredith asked about how many people would come from LTSS for certain services. What about people that are not eligible for LTSS, but would want these services and meet level of care? Ed Kako showed that you could set the model to over 100%. For example, Ed showed Behavioral Therapies at 150% to show the cost with over 100% take up of services. This would work for an individual service if there was a large group of people who are not currently being served. Ed explained that the assumptions going into the model need to be defensible. They need to be evidence-informed assumptions.

If anyone is interested in seeing a more detailed view of the data behind the model, they should contact Martha Beavers. A more detailed webinar will be held for anyone who is interested.

One stakeholder asked whether it would be possible to look at some weighting--are there some services that could be added at very little cost? The group expressed interest in more information on the sensitivity analysis.

Quality Assurance System (Heidi Walling)

Heidi Walling from HCPF presented a presentation on quality. This presentation was emailed to the committee. Heidi showed examples of how quality is measured. Heidi also showed how LTSS' vision of quality measurement is focusing on quality domains. A big question for HCPF now is how to get adequate data on some quality domains. Heidi presented a few new tools: HEDIS (Healthcare Effectiveness Data and Information Set); SF-12 (Short Form 12) that focuses on pain.

A few individuals in the committee experienced the automatic survey from the SF-12. One person expressed concern about completing the survey without knowing more about it. The other experienced technical problems. This shows the difficult of getting feedback from stakeholders.

If anyone is interested in getting more involved with quality, contact Martha Beavers.

Council discussion on next steps (All)

Ed and Kira will participate remotely in August and will come in person in September to review the CFC assessment. Due to Labor Day, the September meeting will be Monday, September 9, 2013.